

Q&A with Paresh Shah, President of MindLeaf Technologies providing Compliance and Medical Administration Services for Healthcare Payers, Providers, Claims Clearinghouses, and Government Organizations



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“MindLeaf provides knowledge to the provider(s) to make informed decisions.”- Paresh Shah

CEOCFO: *Mr. Shah, according to the MindLeaf Technologies site, you are bridging the gap from reactive compliance to proactive risk management. How so? What is the general idea behind MindLeaf?*

Mr. Shah: The general idea behind MindLeaf when we started working about ten or twelve years ago was doing referral management and case management and HIPAA, totally working on the providers side. Since then the entire healthcare environment is changing from pay for services to value based. Things are changing in the provider(s) world and the regulations too. It is better that MindLeaf adapt(s) to it proactively and provide services to the provider(s) so that the provider(s) can take advantage of the regulations and make the regulations work for them. Our job is to provide the knowledge / data to the provider(s) so that they can make informed decisions.

CEOCFO: *Does the community you serve understand that concept or do they need education to realize why they should be proactive?*

Mr. Shah: That is the biggest challenge we have. Most of the providers are on the reactive basis, but things are changing towards being proactive. I will give you a very good example. Right now, there is a regulation about MACRA and it is going to affect payment(s) from Medicare Part B. Looking at the industry reading(s), various surveys and magazines, anywhere from forty to fifty percent of the physicians have no knowledge or have very little knowledge of MACRA. Therefore, this is the biggest challenge. Education is good, but I think the more marketing/ education seminars/ outreach to the provider(s) will help them turn from being reactive to proactive. The key for the provider(s) is to be proactive and use the regulations to their advantage. Under MACRA being proactive can help the providers to have a positive reimbursement rather than having a penalty.

CEOCFO: *How do you work with the various groups you serve?*

Mr. Shah: The way we serve is kind of different. There are two markets we serve – Non-Government and Government medical, and underneath each umbrella we work are the physician groups small and large, small hospitals, ambulatory clinics. Within each medical facility we provide range of services from medical compliance to medical administration support services. To address each, it is different. For the physician groups in a Non-Government marketplace, the best way to deal with this is to work with medical societies and communication, and education forums. If there is a webinar we try to promote the webinar. With clinics and hospitals, we go to the various associations' conferences and tradeshow, and have either a booth or an advertisement. We try to write blogs, articles, or promote someone else's articles about the issues. The more outreach we do and the more education we do helps everyone - the providers and MindLeaf.

CEOFO: When an organization turns to you what is the process? What might they ask you for and how do you work with them? Would you give us a couple of examples in different arenas?

Mr. Shah: I can give you a very good example. Right now, we are working on medical scribes. As you know, the number one problem among physicians is their own lifestyle (they are spending too much time with the Clinical Documentation), and it takes a lot of time away from their life style/family. I will give you a typical workload. An internal medicine physician looks at about twenty to twenty-two patients a day. They start work between seven and eight am. They come home five thirty or six pm and then again, from eight to eleven pm they are doing clinical documentation. Getting to your question; how do you work with them and how to get response? You know that this is the problem area that they have. Therefore, we try to write articles, sponsor webinars and talk to the doctors/provider(s).

We just hired a physician on staff, because they can easily communicate with other physicians. Then in meetings/trade shows/webinars we try to tell all those different physician(s), physician groups, clinics and hospitals we convey a message that - "Clinical documentation is number one issue among provider(s) and we have a solution to help them". We hired a physician because when a physician calls another physician, as a courtesy they will talk to them - "This is what your problems are, let us understand what your problems are, what you need have and how we can help you." That is one way of working with them. Then we have the full process/work flow diagram to work with them (whether it is physician groups, ambulatory clinics or hospital in any market).

The second way, when you can deal with is compliance, like we are working on a MACRA compliance, which is going to affect their revenues. Therefore, we ask them, "Why do you not send us your QRUR reports. We will do a free analysis for you and tell you how much of your revenue is impacted because of MACRA." We try to be proactive and provide a lot of services up front for free and then try to work to the next level.

For a couple of other scenarios, like coding; those are the daily requirements of the hospital. Therefore, we just concentrate on doing marketing and deploy our process/work flow and the outcomes.

CEOFO: What do you look for in your staff, who are working with busy professionals in a very fast paced environment?

Mr. Shah: What we look for is people who have worked in the hospitals, or who have worked in the doctors' environment. That is because it is a very different kind of environment. It is the most important thing we look for, besides other factors about being meticulous, detail oriented and how they communicate. Communication; because many times you may talk to the physician and he/she has one minute to talk to you. How do you communicate? How do you respond? You have to be in a proactive environment, but at the same time many of the clients we serve work in a reactive environment.

Also, we run appointing centers. When you run an appointing center, if we receive a parent call with a sick baby, all he/she needs is an appointment with a pediatrician ASAP! Therefore, the appointment centers are to be very professional, very courteous and very understanding. We teach our employees to be in their (patients) shoes at the same time understand the metrics we need to operate upon.

That is because we deal with people, from the patients to the providers, and they all have different needs.

CEOFO: Would you tell us how you work with various government agencies?

Mr. Shah:

The government has Ambulatory clinics and hospitals, and there are many challenges working with the government for e.g. they are moving to new electronic medical records system - Cerner, after 20 plus years.

Therefore, while the change is going on we try to be on top of it, be proactive. What we bring to the table is efficient and effective project management, subject matter expertise, timeliness, cost effectiveness, Human Resources management, and their other different criteria (as required by the contract). For e.g. the government needs some assistance with medical coding, and we have the infrastructure to hire ASAP. In addition, every employee we hire, whether for government or non-government, we do a background check and we do a drug testing. We have all those mechanisms in place, so once the person meets the basic criteria we have the recruiting machines and we talk to them and we hire them and train them on government environment, healthcare requirements, healthcare compliance and any other specifics required. Also, we stress on the value add services, we provide. There are areas we go above and beyond the requirements to help the patients, providers and the clinics/hospitals.

CEOCFO: *When you are providing compliance often the interpretation of a regulation is unclear or might change over time. How can you stay ahead of that or how do you handle that aspect when you are providing advice and structure for an organization?*

Mr. Shah: I think we just went through it about three or four years ago. There was a big regulation of compliance mandate medical coding from ICD 9, to ICD 10. The government moved the date by a year and then again. We had the full staff ready to go, already working in it and having all the process, tools and the environment (if then scenarios) ready to go. When the government moved the compliance date we had to lay off people, because we work in an environment where the providers are more reactive than proactive. So, all the lead(s), died. The providers said it is not the top requirement now, so they moved their implementation date.

Therefore, how do you handle it? It is not easy, because that is one of those intangibles that you have. Right now, MACRA is supposed to go live this year. They may come back and say, "We would like to delay it." Those are the intangibles that we are playing with. You have no control over it.

However, in terms of resources we have changed our strategy and that is to have the process, work flow and the tools evaluation ready and hire subject matter expertise. And follow the government process thoroughly as to the regulations and the changes expected. For the implementation staff, we use independent consultants. That is how we handle it, but those are the intangibles we have to live with. We cannot control it.

CEOCFO: *We came upon MindLeaf Technologies from the Inc List, so clearly business is good. How do you continue the trajectory?*

Mr. Shah: Listen...Listen...Listen and keep eyes and ears open to what's going on in the healthcare environment and be nimble enough to change the trajectory. We have a board of advisors and the right staff for both the Government and Non-Government marketplace.

We understand the environment we work in and the changes taking place. In summary, we have all the people, processes and tools available to work with the client(s) now and with the changes likely. It is a challenging task when the environment could change at any moment, but that is how we would like to be classified and that is what we are shooting for.

CEOCFO: *What is the competitive landscape? How do your potential clients understand the difference?*

Mr. Shah: It is very competitive in both the government and non-government markets. We have a service and we only concentrate with Physician Groups, Ambulatory Clinics and small hospitals. We do not go after everyone, and stick to what we know and how we can help them.

We do not try to go after the mass market. For example, Broward Health or big Delivery networks comes to us, that has 20 or 30 hospitals and would be a great client to have. But, we would say no to them, because that is not our target or our aim and nor do we have the expertise. We just like to concentrate in the areas we understand and have confidence that we will be able to deliver.

That is how we are staying ahead, because we are trying to be very selective and very focused only on the few segments of the market.

CEOCFO: *What should people remember about MindLeaf Technologies?*

Mr. Shah: If there is one thing that people need to remember about MindLeaf Technologies; what we do is we are providing the knowledge about the rules, regulations and compliance to the medical community, so that they can make informed decisions. That is what we are doing. We are a one stop shop where we will provide them all the people, the process, the technology and the regulations so that they can make informed decisions of what they need to do to go ahead.

